

**PIONEER HI-BRED INTERNATIONAL, INC.  
CORPORATE INTELLECTUAL PROPERTY DEPARTMENT**

**FAX TRANSMISSION**

7100 N.W. 62<sup>nd</sup> Avenue  
P.O. Box 1000  
Johnston, Iowa 50131-1000

**OFFICIAL**

Phone: (515) 270-3599  
Fax: (515) 334-6883

~~FAX RECEIVED~~

JAN 31 2003

GROUP 1600

TO: Assistant Commissioner for Patents

FROM: Janice L. Rouse

RE: U. S. Patent Application No. 09/766,113; Attorney Docket No. 1166

DATE: January 30, 2003

FAX NUMBER: (703) 872-9306

NUMBER OF PAGE(S) FOLLOWING THIS SHEET: 4

**COMMENTS:**

Attached –

- Certificate of Transmission / 1 page
- Transmittal Form / 1 page
- Response to Restriction Requirement / 2 pages

The contents of this facsimile are or may be attorney privileged and/or confidential and are intended only for the use of the recipient identified above. If the reader of this message is not the identified recipient, or the employee or agent responsible for delivering it to the identified recipient, you are hereby notified that any dissemination or use of this communication is unlawful and strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the original message to the sender at the above address via the U.S. Postal Service. Anyone so cooperating will be reimbursed for the reasonable expense incurred.

If there is a problem with transmission or illegible pages, please contact the sender.

PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

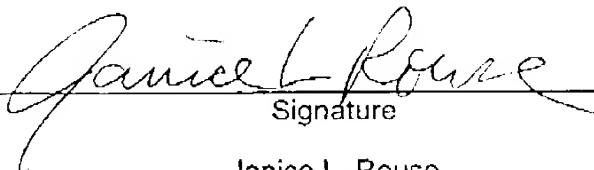
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile  
transmitted to the Patent and Trademark Office

on January 30, 2003.

Date

  
Signature

Janice L. Rouse

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this  
certificate must identify each submitted paper.

1. Fax Cover Sheet (1 pg) / 1 copy
2. Certificate of Transmission (1 pg.) / 1 copy
3. Transmittal Form (1 pg.) / 1 copy
4. Response to Restriction Requirement (2 pgs.) / 1 copy

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☒

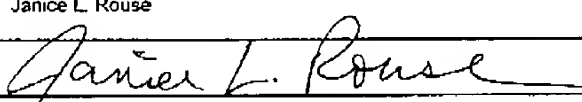
Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/755,113	
	Filing Date	01/19/01	
	First Named Inventor	Wesley B. Bruce	
	Group Art Unit	1638	
	Examiner Name	E. McElwain	
Total Number of Pages in This Submission	5	Attorney Docket Number	1166

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Response to Restriction Requirement</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Janice L. Rouse
Signature	
Date	January 30, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: _____			
Typed or printed name			
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.